

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS155AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2011
NAME OF PROVIDER OR SUPPLIER MORNING STAR CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7560 SILVER LEAF WAY LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/3/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 877 SS=D	<p>449.2742(5) OTC medications & Dietary Supplements</p> <p>NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration</p>	Y 877		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 877	Continued From page 1 of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview on 3/3/11, the facility did not obtain physician orders to administer over-the-counter (OTC) medications to 1 of 8 residents (Resident #1, Triple Omega Fish, Flaxseed, Safflower and Olive Oil). Severity: 2 Scope: 1	Y 877			
Y 881 SS=E	449.2742(6)(b) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.	Y 881			

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Y 881	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review on 3/3/11, the facility failed to ensure a copy of the physician's order changing two medication prescriptions was in the resident record for 2 of 8 residents (Resident #1- Hold on warfarin sodium and Resident #3 - simvastatin and tylenol). Severity: 2 Scope: 2	Y 881			
Y 895 SS=E	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 5/13/10, the facility	Y 895			

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Y 895	Continued From page 3 failed to ensure the medication administration record (MAR) was accurate for 2 of 8 residents (Resident #3 Motrin Dosage not recorded on MAR, Resident #4 - Calcium D not listed on MAR, Resident #8 - Albuterol not listed on MAR). Severity: 2 Scope: 2 This was a repeat deficiency from the 6/5/10 State Licensure survey.	Y 895			
Y 922 SS=D	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 3/3/11, the facility failed to ensure medications were plainly labeled for 2 of 8 residents (Resident #1-Tiple Omega and #3 - biafine ointment and clindamycin Ointment). Severity: 2 Scope: 2	Y 922			

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